

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214507007				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BLOUNT, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F0535890</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED					
COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 4909 SE INTERNATIONAL WAY</p> <p style="text-align: center;">CITY/ST/ZIP: PORTLAND, OR 97222</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID A WILLMOTT TITLE: P/CHF OP OFF ADDRESS: 4909 SE INTERNATIONAL WAY CITY/ST/ZIP/CO: PORTLAND, OR 97222 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID A WILLMOTT TITLE: P/CHF OP OFF ADDRESS: 4909 SE INTERNATIONAL WAY CITY/ST/ZIP/CO: PORTLAND, OR 97222	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
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NAME:	ANDREW W YORK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	WENDY J. GILLIGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	JOSHUA L. COLLINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	ROBERT E. BEASLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	RONALD CAMI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	ANDREW C. CLARKE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	JOSHUA L. COLLINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	NELDA J CONNORS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNTIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	THOMAS J. FRUECHTEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	E DANIEL JAMES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		
NAME:	HAROLD E LAYMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4909 SE INTERNATIONAL WAY		
CITY/ST/ZIP/CO:	PORTLAND, OR 97222		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID A WILLMOTT DIRECTOR 4909 SE INTERNATIONAL WAY PORTLAND, OR 97222	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID K PARRISH VICE PRESIDENT 4909 SE INTERNATIONAL WAY PORTLAND, OR 97222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM C ALFORD VICE PRESIDENT 4909 SE INTERNATIONAL WAY PORTLAND, OR 97222	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK V ALLRED SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MARK V ALLRED, VP/CONTROLLER PRINTED NAME AND CORPORATE TITLE	2/3/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			